

500 W. Madison
34th Floor
Chicago, Illinois 60661
Telephone: **(312) 775-8000**
Facsimile: **(312) 775-8100**

RECEIVED
CENTRAL FAX CENTER

JUL 19 2005

FAX COVER LETTER

CONFIDENTIAL

THE ENCLOSED MATERIAL IS INTENDED FOR THE RECIPIENT NAMED BELOW AND, UNLESS OTHERWISE EXPRESSLY INDICATED, IS CONFIDENTIAL AND PRIVILEGED INFORMATION. ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THE ENCLOSED MATERIALS IS PROHIBITED. IF YOU RECEIVE THIS TRANSMISSION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, AT OUR EXPENSE AND DESTROY THE ENCLOSED MATERIALS. YOUR COOPERATION IS APPRECIATED.

TO: **EXAMINER P. KUMAR - OFFICIAL - RESPONSE**

FROM: Kevin E. Borg

DATE: July 19, 2005

FACSIMILE NUMBER: 571 273 8300

CHARGE: 1772 - 13199US02

Number of Pages This Transmission (Including Cover Page): **14**

RECEIVED
OIPE/IAP
JUL 20 2005

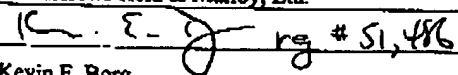

If you have problems receiving this facsimile transmission,
please contact Patricia E. Willson (**Ext. 8148**) at the above number.

PTO/SB/21 (09-04)

Approved for use through 7/31/2006

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM		Application Number	
(to be used for all correspondence after initial filing)		10/000,415	
		Filing Date	
		November 2, 2001	
		First Named Inventor	
		Kolze	
Art Unit		2631	
Examiner Name		P. Kumar	
Total Number of Pages in This Submission		Attorney Docket Number	
13		13199US02	
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):	
Remarks			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	McAndrews Held & Malloy, Ltd.		
Signature			
Printed Name	Kevin E. Borg		
Date	July 19, 2005		
CERTIFICATE OF FAX TRANSMITTAL			
I hereby certify that this correspondence is being sent via facsimile to Examiner, at the United States Patent and Trademark Office, fax No. 571 273 8300, on July 29, 2005.			
Name (Print/type)	Kevin E. Borg	Registration No. (Attorney/Agent)	51,486
Signature		Date	July 19, 2005

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the consolidated Appropriates Act. 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

Complete if Known

Application Number	10/000,415
Filing Date	November 2, 2001
First Named Inventor	Kotze
Examiner Name	P. Kumar
Art Unit	2631
Attorney Docket No.	13199US02

RECEIVED
CENTRAL FAX CENTER

JUL 19 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
500

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 13-0017

Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☒ Charge Fee(s) indicated below

☐ Charge Fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fees(s) ☒ Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	600	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	600	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee(\$)	Fee(\$)
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	380	180
Total Claims		
22 -20 or HP	2	50
HP = highest number of total claims paid for, if greater than 20		100
Indep. Claims		
5 -3 or HP	2	200
HP = highest number of independent claims paid for, if greater than 3		400

Multiple Dependent Claims

Fee Fee Paid (\$)

0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.18(g).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)
-100	/50	(round up to a whole number)	x	= 0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

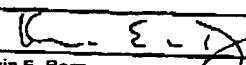
Other:

Fee Paid(\$)

0

0

SUBMITTED BY

Signature		Registration No.	51,488	Telephone	(312) 775-8000
Name (print/type)	Kevin E. Borg	(Attorney/Agent)		Date	July 19, 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
Attorney Docket No. 13199US02**RECEIVED
CENTRAL FAX CENTER**

JUL 19 2005

In the Application of:

T. Kolze et al.

Serial No.: 10/000,415

Filed: November 2, 2001

For: DETECTION AND MITIGATION OF
TEMPORARY IMPAIRMENTS IN
A COMMUNICATIONS CHANNEL

Examiner: Kumar, Pankaj

Group Art Unit: 2631

Conf. No.: 9101

Customer No.: 23446

**CERTIFICATE OF
FACSIMILE TRANSMISSION**I hereby certify that this correspondence is
being transmitted via facsimile to the U.S.
Patent and Trademark Office, fax No. (571)
273-8300, on July 19, 2005.By: Kevin E. Borg
Reg. No. 51,486**RESPONSE TO OFFICE ACTION**MS: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This paper is in response to the Office Action mailed April 19, 2005, in the above-identified application. This response is timely because it is submitted within the period of reply ending July 19, 2005. In the Office Action, the Examiner rejected claims 1-9, 11-16 and 18-20 and objected to claims 10 and 17.

Applicants respectfully request entry of the following amendments and consideration of the following remarks.

Amendments to the Claims begin on page 2.

Remarks begin on page 7 of this paper.

07/20/2005 ZJUHR1 00000026 130017 10000415

01 FC:1201 400.00 DA
02 FC:1202 100.00 DA